

Request for Accommodation(s)

Disability Support Services (DSS)

Southern Adventist University

Name: _____

ID #: _____

Semester/session: _____

Date of request: ____/____/____

What is your diagnosis?

Explain how your disability impacts your ability to be successful in school.

What accommodations do you think you would need for equal access (removing barriers) to learning? Why?

Please list courses you are requesting equal access in:

- All classes
 The following class(es):

I, (print name) _____, understand that an Accommodation Committee of at least two (2) appropriately qualified Student Success Center staff members, in consultation with appropriate professionals, will review this request, along with the documentation that I have provided DSS, to decide which, if any, of the requested accommodations are reasonable and appropriate. I also understand that the committee might offer alternative accommodations.

_____ I do not choose to make a request at this time. (Initial here ONLY if you are not making a request)

Student signature

Date of student signature

DSS staff signature

Date of staff signature